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PTO/SB/04 (08/03)

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**SUPPLEMENTAL
DECLARATION FOR UTILITY
OR DESIGN
PATENT APPLICATION
(37 CFR 1.67)**

Attorney Docket Number	SLTRUM.00002
First Named Inventor	TRUMBLE, Ronald A.
COMPLETE IF KNOWN	
Application Number	10/754,876
Filing Date	January 9, 2004
Art Unit	
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

GOLF CLUB PUTTER

(Title of the invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

01/09/2004

as United States Application Number or PCT International

Application Number

10/754,876

and was amended on (MM/DD/YYYY)

I hereby declare that the subject matter of the ☐ attached amendment ☐ amendment filed on was part of the invention and was invented before the filing date of the original application, above identified for such invention.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

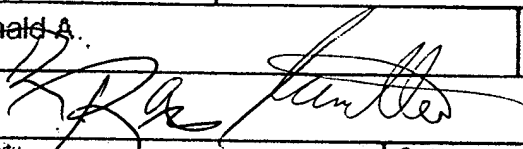
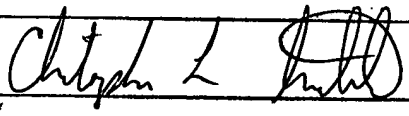
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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SUPPLEMENTAL DECLARATION — UTILITY OR DESIGN PATENT APPLICATION

Direct all correspondence to <input type="checkbox"/> Customer Number: 		OR <input checked="" type="checkbox"/> Correspondence address below	
Name Law Office of Steven B. Leavitt			
Address 9914 Waterview Parkway			
Address			
City Rowlett		State TX	ZIP 75089
Country USA	Telephone 972-412-2671		Fax 214-292-8657
<small>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</small>			
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Ronald A.		Family Name or Surname Trumble	
Inventor's Signature 			Date 6-21-04
Residence City Lakeland	State FL	Country USA	Citizenship USA
Mailing Address 1923 Cherokee Trail			
Mailing Address			
City Lakeland	State FL	ZIP 33803	Country USA
Name of Second Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Christopher L.		Family Name or Surname Trumble	
Inventor's Signature 			Date 6/21/04
Residence City Lakeland	State FL	Country USA	Citizenship USA
Mailing Address 415 Pueblo Trail			
Mailing Address			
City Lakeland	State FL	ZIP 33803	Country USA
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/ 02A or 02LR attached hereto.			



**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Ronald A. Trumble
Title	Golf Club Putter
Art Unit	
Examiner Name	
Attorney Docket Number	SLTRUM.00002

I hereby appoint:

☐ Practitioners associated with the Customer Number:
OR

☒ Practitioner(s) named below:

Name	Registration Number
Steven B. Leavitt	45,318

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number.
OR

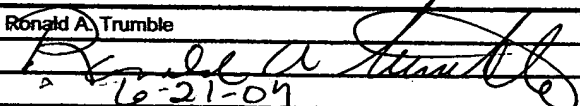
☐ The address associated with Customer Number:
OR

<input checked="" type="checkbox"/> Firm or Individual Name	Law Office of Steven B. Leavitt				
Address	9914 Waterview Parkway				
Address					
City	Rowlett	State	TX	Zip	75089
Country	USA				
Telephone	972-412-2671	Fax	214-292-8657		

I am the:

☒ Applicant/Inventor.
☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Ronald A. Trumble		
Signature			
Date	7-21-04	Telephone	863-686-8012

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.

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Application Number	
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I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Steven B. Leavitt	45,318

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Law Office of Steven B. Leavitt				
Address	9914 Waterview Parkway				
Address					
City	Rowlett	State	TX	Zip	75089
Country	USA				
Telephone	972-412-2671	Fax	214-292-8657		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Christopher L. Trumble		
Signature			
Date	6/21/04	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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